

# **E X H I B I T   8**

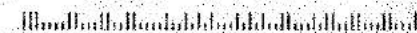


ID: 13996

1000000328681



State of New York  
Division of Criminal Justice Services  
4 Tower Place  
Albany, NY 12203-3784



To: JESSE FRIEDMAN

November 24, 2010  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

**Sex Offender Registry Annual Address Verification Form**

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 3 sex offender, you must report the name and address of all employers.

**INSTRUCTIONS:**

- 1) Review each line of information on this form carefully.
- 2) If you find any information that is incorrect or outdated, cross out incorrect or outdated information with a single line.
- 3) Enter any corrections or any new/additional information in the blank boxes provided.

**THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.**

Please contact the Sex Offender Registry at 518-457-3167 with any questions about this form.

**OFFENDER INFORMATION**

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			Notes corrections ← NEW

**OTHER NAMES**

Enter any aliases, nick names or other names used in the following section.






ID: 13996

100000328581

**PHYSICAL ATTRIBUTES**

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
[REDACTED]	608	158	Brown	Blue	YES	Make corrections here
						here

**SCARS/MARKS/TATTOOS**

Enter any other scars/marks/tattoos.


**PRIMARY ADDRESS**

Primary address is the address where you live most of the time.

NUMBER/STREET/APT				CITY	
[REDACTED]				[REDACTED]	Make corrections here
STATE	ZIP	COUNTY	COUNTRY		
[REDACTED]				[REDACTED]	Make corrections here
[REDACTED]				[REDACTED]	here
Phone # at this		[REDACTED]		Enter phone # correction here	
Name of College / University					

**TELEPHONE NUMBER**

Enter the phone number where you can be reached in the following section.

[REDACTED]	[REDACTED]	[REDACTED]
------------	------------	------------

**SECONDARY ADDRESS**

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section

NUMBER/STREET/APT				CITY	
[REDACTED]				[REDACTED]	1
STATE	ZIP	COUNTY	COUNTRY		
[REDACTED]				[REDACTED]	
Enter phone # here		[REDACTED]			
If the above address is on the campus of a College or University, enter its name					
NUMBER/STREET/APT				CITY	
[REDACTED]				[REDACTED]	2
STATE	ZIP	COUNTY	COUNTRY		
[REDACTED]				[REDACTED]	
Enter phone # here		[REDACTED]			
If the above address is on the campus of a College or University, enter its name					





FD-13996

**PO BOX ADDRESS**

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following section

1	PO BOX			CITY	
	STATE	ZIP	COUNTY	COUNTRY	

**EMPLOYMENT INFORMATION**

1	EMPLOYER'S NAME			NUMBER/STREET/APT		
	NOTORIOUS PICTURES			NOTORIOUS PICTURES, 34 WEST 38TH ST 8TH FLR		
	CITY	STATE	ZIP	COUNTY	COUNTRY	Make corrections here
	NEW YORK CITY	NY	10001	New York	US	Make corrections here
	Phone # at this address			Enter phone # correction here		
	Name of College/University					

Enter any additional employment information in the following section

1	EMPLOYER'S NAME			NUMBER/STREET/APT	
	Self				
	CITY	STATE	ZIP	COUNTY	COUNTRY
Enter phone # here					
If the above address is on the campus of a College or University, enter its name					
2	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Enter phone # here					
If the above address is on the campus of a College or University, enter its name					

**HIGHER EDUCATION INFORMATION**

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

1	SCHOOL NAME			NUMBER/STREET/APT		
	CUNY HUNTER COLLEGE			805 PARK AVE		
	CITY	STATE	ZIP	COUNTY	COUNTRY	Make corrections here
	NEW YORK CITY	NY	10021	New York	US	Make corrections here
	Phone # at this address			Enter phone # correction here		

Enter any additional education information in the following section

1	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Enter phone # here					





ID: 13996

SCHOOL NAME			NUMBER/STREET/APT	
2				
CITY	STATE	ZIP	COUNTY	COUNTRY
Enter phone # here →				

**VEHICLE INFORMATION**

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
1994	Volkswagen	850 Series	Black	[REDACTED]	NY	Make corrections ← here
2007	Subaru	Impreza	Aluminum/ Silver	[REDACTED]	NY	Make corrections ← here
2007	Subaru	Impreza	Aluminum/ Silver	[REDACTED]	NY	Make corrections ← here

Just  
one  
car

Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE

**DRIVER'S LICENSE INFORMATION**

DRIVER'S LICENSE NUMBER	ISSUING STATE	
[REDACTED]	NY	Make corrections ← here
	CT	

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE





ID: 13996

## INTERNET INFORMATION

## SERVICE PROVIDER

SERVICE PROVIDER	
<del>TIMEWARNER</del>	Make corrections
AT&T	← here
<del>AOL</del>	Make corrections
<del>RCN</del>	← here
	Make corrections
	← here

## SCREEN NAME

SCREEN NAME	
JESSE2255	Make corrections
FreeJesse!!!!	← here

## EMAIL ADDRESS

E-MAIL ADDRESS	
JESSE@FREEJESSE.NET	Make corrections
	← here

Enter any additional Internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

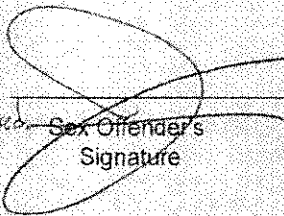




ID: 13996

1000000328681

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE.  
I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I  
HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND  
THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE  
INFORMATION IS A FELONY.

 Jesse Friedman 11/29/80  
~~Offender's~~ Sex Offender's ~~Offender's~~ Offender's Date  
Signature Name(print)

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE  
INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM  
WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF  
A WARRANT FOR YOUR ARREST.

Return to:  
Division of Criminal Justice Services - SOR  
4 Tower Place  
Albany, NY 12203-3764

SEX OFFENDER REGISTRY  
11/29/80  
11/29/80





ID:13996



State of New York  
Division of Criminal Justice Services  
4 Tower Place  
Albany, NY 12203-3764

To: JESSE FRIEDMAN  
[Redacted]

November 25, 2011  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

### Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

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Please contact the Sex Offender Registry at 518-457-3167 with any questions about this form.

#### OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE		[Redacted]	Make corrections
				← Page

#### OTHER NAMES

Enter any aliases, nick names or other names used in the following section.






ID: 13996

**PHYSICAL ATTRIBUTES**

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
	506	152	Brown	Blue	YES	Make corrections <--- here

**SCARS/MARKS/TATTOOS**

Enter any other scars/marks/tattoos.


**PRIMARY ADDRESS**

Primary address is the address where you live most of the time.

1	NUMBER/STREET/APT			CITY	Make corrections <--- here
	STATE	ZIP	COUNTY	COUNTRY	Make corrections <--- here
Phone # at this address			Enter phone # correction here -->		
Name of College / University					

**SECONDARY ADDRESS**

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section.

1	NUMBER/STREET/APT			CITY
	STATE	ZIP	COUNTY	COUNTRY
Enter phone # here -->				
If the above address is on the campus of a College or University, enter its name				
2	NUMBER/STREET/APT			CITY
	STATE	ZIP	COUNTY	COUNTRY
Enter phone # here -->				
If the above address is on the campus of a College or University, enter its name				

**PO BOX ADDRESS**

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX information in the following section.

1	PO BOX			CITY
	STATE	ZIP	COUNTY	COUNTRY





ID: 13996

**EMPLOYMENT INFORMATION**

Enter any additional employment information in the following section.

1	EMPLOYER'S NAME			NUMBER/STREET/APT	
	Self employed			[REDACTED]	
	CITY	STATE	ZIP	COUNTY	COUNTRY
If the above address is on the campus of a College or University, enter its name					
2	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
If the above address is on the campus of a College or University, enter its name					

**HIGHER EDUCATION INFORMATION**

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section.

1	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date			To Date	Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	
2	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date			To Date	Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	

**VEHICLE INFORMATION**

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2007	Subaru	Impreza	Aluminum/ Silver	[REDACTED]	NY	Make corrections
						None

Enter any additional vehicle information in the following section.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE





ID: 13996

100000441911

## DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE NUMBER	ISSUING STATE	
[REDACTED]	NY	Make corrections
		Go back

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

## INTERNET INFORMATION

## SERVICE PROVIDER

SERVICE PROVIDER	
AT&T	Make corrections
	Go back

## SCREEN NAME

SCREEN NAME	
JESSE2255	Make corrections
	Go back
FREEJESSE	Make corrections
	Go back

## EMAIL ADDRESS

E-MAIL ADDRESS	
JESSE@FREEJESSE.NET	Make corrections
Sundance@aol.com	Go back

Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

101507-9508340X33  
 101507-9508340X33  
 101507-9508340X33





ID:13996

1000000441911

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE.  
I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I  
HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND  
THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE  
INFORMATION IS A FELONY.

Sex Offender's  
Signature

Sex Offender's  
Name(print)

Date

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE  
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A WARRANT FOR YOUR ARREST.

Return to:

Division of Criminal Justice Services - SOR  
4 Tower Place  
Albany, NY 12203-3764



RECEIVED  
JAN 29 - 2 PM '21  
NEW YORK COUNTY  
SEX OFFENDER CONTROL





ID:13996



State of New York  
Division of Criminal Justice Services  
4 Tower Place  
Albany, NY 12203-3764

To: JESSE FRIEDMAN

November 26, 2012  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

### Sex Offender Registry Annual Address Verification Form

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Please contact the Sex Offender Registry at 518-457-3167 with any questions about this form.

#### OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			Make corrections ← here

#### OTHER NAMES

Enter any aliases, nick names or other names used in the following section.






ID:13996

**PHYSICAL ATTRIBUTES**

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
	508	158	Brown	Blue	YES	Make corrections ← here

**SCARS/MARKS/TATTOOS**

Enter any other scars/marks/tattoos


**PRIMARY ADDRESS**

Primary address is the address where you live most of the time.

NUMBER/STREET/APT			CITY		
					Make corrections ← here
STATE	ZIP	COUNTY	COUNTRY		
					Make corrections ← here
Phone # at this address:					Enter phone # correction here →
Name of College / University:					

**SECONDARY ADDRESS**

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section

NUMBER/STREET/APT			CITY		
STATE	ZIP	COUNTY	COUNTRY		
Enter phone # here →					
If the above address is on the campus of a College or University enter its name					
NUMBER/STREET/APT			CITY		
STATE	ZIP	COUNTY	COUNTRY		
Enter phone # here →					
If the above address is on the campus of a College or University enter its name					

**PO BOX ADDRESS**

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Enter any PO BOX information in the following section.

PO BOX			CITY		
STATE	ZIP	COUNTY	COUNTRY		





ID: 13996

**EMPLOYMENT INFORMATION**

Enter any additional employment information in the following section

1	EMPLOYER'S NAME			NUMBER/STREET/APT	
	Self			[REDACTED]	
	CITY	STATE	ZIP	COUNTY	COUNTRY
[REDACTED]					
If the above address is on the campus of a College or University, enter its name					
2	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
[REDACTED]					
If the above address is on the campus of a College or University, enter its name					

**HIGHER EDUCATION INFORMATION**

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

1	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date			To Date	Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	
2	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date			To Date	Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	

**VEHICLE INFORMATION**

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2007	Subaru	Impreza	Aluminum/Silver	[REDACTED]	NY	Make corrections
						← Back

Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE





ID:13998

## DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE NUMBER	ISSUING STATE	
[REDACTED]	NY	Make corrections
		← Here

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

## INTERNET INFORMATION

## SERVICE PROVIDER

SERVICE PROVIDER	
AT & T	Make corrections
	← Here

## SCREEN NAME

SCREEN NAME	
<del>JESSE2955</del>	Make corrections
	← Here
FREEJESSE	Make corrections
	← Here

## EMAIL ADDRESS

E-MAIL ADDRESS	
JESSE@FREEJESSE.NET	Make corrections
	← Here
SUNDANCEFEAR1@GMAIL.COM	Make corrections
	← Here

Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

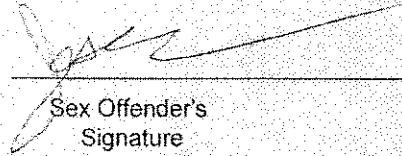




ID:13996

1000000368530

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE.  
I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I  
HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND  
THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE  
INFORMATION IS A FELONY.

	Jesse Friedman	11/28/2012
Sex Offender's Signature	Sex Offender's Name(print)	Date

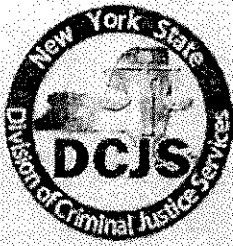
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Return to:  
Division of Criminal Justice Services - SOR  
4 Tower Place  
Albany, NY 12203-3764





ID:13996



## New York State Division of Criminal Justice Services

Michael C. Green  
Executive Deputy Commissioner

### Notice of Important Document

ENGLISH	This is a time-sensitive legal document. Failure to respond could result in criminal charges. If you need free translation, please call 518-457-3167. Thank you.
Español Spanish	Este documento legal tiene fecha de vencimiento. La falta de respuesta puede resultar en una querrela penal. Si necesita una traducción gratuita, llame al 518-457-3167. Muchas gracias.
简体字 Simplified Chinese	这是一份要求限期回复的法律文件。不予回复可能导致被刑事指控。如果您需要免费的翻译件，请致电 518-457-3167。谢谢。
Kreyòl Ayisyen Haitian Creole	Sa a se yon dokiman legal ki gen delè pou w respektè. Si w pa reponn sa ka lakoz akizasyon kriminel. Si w bezwen tradiksyon gratis, tanpri rele nan 518-457-3167. Mèsi.
Italiano Italian	Il presente è un documento legale urgente. La mancata risposta può dar luogo a un procedimento penale. Per una traduzione gratuita, chiami il numero 518-457-3167. Grazie.
한국어 Korean	이것은 시간을 다루는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-457-3167 번으로 전화하십시오. 감사합니다.
Русский Russian	Это юридический документ, требующий безотлагательного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-457-3167. Спасибо.





ID: 13996

1000000692363



State of New York  
Division of Criminal Justice Services  
80 South Swan St.  
Albany, NY 12210

To: JESSE FRIEDMAN

November 25, 2013  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

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#### OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			Make corrections ← here

#### OTHER NAMES

Enter any aliases, nick names or other names used in the following section:






ID: 13996

**PHYSICAL ATTRIBUTES**

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[REDACTED]	508	153	Brown	Blue	YES	Make corrections ← here
						← here

**SCARS/MARKS/TATTOOS**

Enter any other scars/marks/tattoos:


**PRIMARY ADDRESS**

Primary address is the address where you live most of the time.

NUMBER/STREET/APT			CITY		
[REDACTED]			[REDACTED]		Make corrections ← here
1					
STATE	ZIP	COUNTY	COUNTRY		
[REDACTED]			[REDACTED]		Make corrections ← here
2					
Phone # at this address			[REDACTED]		Enter phone # correction here →
Name of College / University:					

**SECONDARY ADDRESS**

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section:

NUMBER/STREET/APT			CITY		
[REDACTED]			[REDACTED]		Make corrections ← here
1					
STATE	ZIP	COUNTY	COUNTRY		
[REDACTED]			[REDACTED]		Make corrections ← here
2					
Enter phone # here →			[REDACTED]		Enter phone # correction here →
If the above address is on the campus of a College or University, enter its name					
NUMBER/STREET/APT			CITY		
[REDACTED]			[REDACTED]		Make corrections ← here
2					
STATE	ZIP	COUNTY	COUNTRY		
[REDACTED]			[REDACTED]		Make corrections ← here
2					
Enter phone # here →			[REDACTED]		Enter phone # correction here →
If the above address is on the campus of a College or University, enter its name					

**PO BOX ADDRESS**

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following section:

PO BOX			CITY		
[REDACTED]			[REDACTED]		Make corrections ← here
1					
STATE	ZIP	COUNTY	COUNTRY		
[REDACTED]			[REDACTED]		Make corrections ← here
2					

**EMPLOYMENT INFORMATION**





ID: 13996

Enter any additional employment information in the following section

1	EMPLOYER'S NAME <b>SELF</b>			NUMBER/STREET/APT. [REDACTED]	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	[REDACTED]				
If the above address is on the campus of a College or University, enter its name.					
2	EMPLOYER'S NAME			NUMBER/STREET/APT.	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	[REDACTED]				
If the above address is on the campus of a College or University, enter its name.					

**HIGHER EDUCATION INFORMATION**

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

1	SCHOOL NAME			NUMBER/STREET/APT.	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	[REDACTED]				
Dates of Attendance, Employment or Enrollment From Date			To Date	Check and <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	
2	SCHOOL NAME			NUMBER/STREET/APT.	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	[REDACTED]				
Dates of Attendance, Employment or Enrollment From Date			To Date	Check and <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	

**VEHICLE INFORMATION**

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2007	Subaru	Impreza	Aluminum/Silver	[REDACTED]	NY	Make corrections
						Page

Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE

**DRIVER'S LICENSE INFORMATION**

DRIVER'S LICENSE NUMBER	ISSUING STATE	
[REDACTED]	NY	Make corrections
	CT	Page





ID:13996

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

## INTERNET INFORMATION

## SERVICE PROVIDER

SERVICE PROVIDER	
AT & T	Make corrections
	<-- here

## SCREEN NAME

SCREEN NAME	
FREEJESSE	Make corrections
	<-- here

## EMAIL ADDRESS

E-MAIL ADDRESS	
JESSE@FREEJESSE.NET	Make corrections
	<-- here
SUNDANCEFEAR1@GMAIL.COM	Make corrections
	<-- here

Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

SENT BY MAILING SERVICE  
 JAN 28 2021 3:04 PM  
 1000000692363






ID: 13996

1000000692363

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

  
Sex Offender's Signature

Jesse Friedman  
Sex Offender's  
Name(print)

11/27/13  
Date

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Return to:

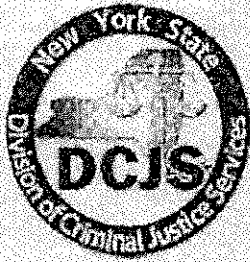
Division of Criminal Justice Services - SOR  
80 South Swan St  
Albany, NY 12210





ID:13996

1000000692363



## New York State Division of Criminal Justice Services

Michael C. Green  
Executive Deputy Commissioner

### Notice of Important Document

ENGLISH	This is a time-sensitive legal document. Failure to respond could result in criminal charges. If you need free translation, please call 518-457-3167. Thank you.
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Kreyòl Ayisyen Haitian Creole	Sa a se yon dokiman legal ki gen delè pou w respektè. Si w pa reponn sa ka lakoz akizasyon kriminel. Si w bezwen tradiksyon gratis, tanpri rele nan 518-457-3167. Mèsi.
Italiano Italian	Il presente è un documento legale urgente. La mancata risposta può dar luogo a un procedimento penale. Per una traduzione gratuita, chiami il numero 518-457-3167. Grazie.
한국어 Korean	이것은 시간을 다루는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-457-3167 번으로 전화하십시오. 감사합니다.
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ID-13996



State of New York  
Division of Criminal Justice Services  
60 South Swan St.  
Albany, NY 12210

To: JESSE FRIEDMAN

November 24, 2014  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

### Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

#### INSTRUCTIONS:

- Review each line of information on this form carefully.
- If you find any information that is incorrect or outdated, cross out incorrect or outdated information with a single line.
- Enter any corrections or any new/additional information in the blank boxes provided.

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Please contact the Sex Offender Registry at 518-457-3167 with any questions about this form.

#### OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			Make corrections ← here

#### OTHER NAMES

Enter any aliases, nick names or other names used in the following section.






ID:13996

1000000827363

**PHYSICAL ATTRIBUTES**

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
	508	158	Brown	Blue	YES	Make corrections ← here

**SCARS/MARKS/TATTOOS**

Enter any other scars/marks/tattoos.


**PRIMARY ADDRESS**

Primary address is the address where you live most of the time.

NUMBER/STREET/APT			CITY		
					Make corrections ← here
STATE	ZIP	COUNTY	COUNTRY		Make corrections ← here
Phone # at this address			Enter phone # correction here →		
Name of College / University					

**SECONDARY ADDRESS**

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section:

NUMBER/STREET/APT			CITY		
STATE	ZIP	COUNTY	COUNTRY		
Enter phone # here →					
If the above address is on the campus of a College or University, enter its name					
NUMBER/STREET/APT			CITY		
STATE	ZIP	COUNTY	COUNTRY		
Enter phone # here →					
If the above address is on the campus of a College or University, enter its name					

**PO BOX ADDRESS**

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following section:

PO BOX			CITY		
STATE	ZIP	COUNTY	COUNTRY		

**EMPLOYMENT INFORMATION**

EMPLOYER'S NAME	NUMBER/STREET/APT	





ID:13996

1	SELF		[REDACTED]		Make corrections ← here
	CITY	STATE	ZIP	COUNTY	COUNTRY
[REDACTED]					
Name of College / University					

Enter any additional employment information in the following section

1	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
If the above address is on the campus of a College or University, enter its name					
2	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
If the above address is on the campus of a College or University, enter its name					

**HIGHER EDUCATION INFORMATION**

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

1	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date		To Date		Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	
2	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date		To Date		Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	

**VEHICLE INFORMATION**

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2007	Subaru	Impreza	Aluminum/Silver	[REDACTED]	NY	Make corrections ← here

Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE





1013996

1000000827359

**DRIVER'S LICENSE INFORMATION**

DRIVER'S LICENSE NUMBER	ISSUING STATE	
[REDACTED]	CT	Make corrections
		← here

Enter any additional driver's license information in the following section:

DRIVER'S LICENSE NUMBER	ISSUING STATE

**INTERNET INFORMATION****SERVICE PROVIDER**

SERVICE PROVIDER	
AT & T	Make corrections
	← here

**SCREEN NAME**

SCREEN NAME	
FREEJESSE	Make corrections
	← here

**EMAIL ADDRESS**

E-MAIL ADDRESS	
JESSE@FREEJESSE.NET	Make corrections
	← here
SUNDANCEFEART@GMAIL.COM	Make corrections
	← here

Enter any additional internet information in the following section:

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

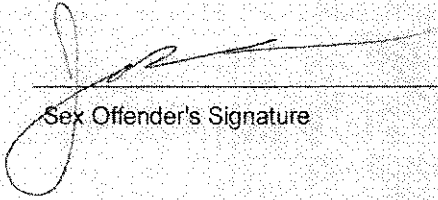




ID:13996

1000000827369

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.



Sex Offender's Signature

Jesse Friedman

Sex Offender's  
Name(print)

11/26/14

Date

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

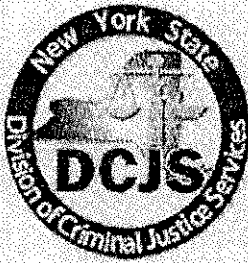
Return to:

Division of Criminal Justice Services - SOR  
80 South Swan St  
Albany, NY 12210





ID:13996



## New York State Division of Criminal Justice Services

Michael C. Green  
Executive Deputy Commissioner

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Русский Russian	Это юридический документ, требующий безотлагательного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-457-3167. Спасибо.





ID: 13996

100000962382

RECEIVED

2015 DEC -2 PM 2:48

NEW YORK STATE  
SEX OFFENDER REGISTRY

State of New York  
Division of Criminal Justice Services  
60 South Swan St.  
Albany, NY 12210

To: JESSE FRIEDMAN

November 24, 2015  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

### Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

#### INSTRUCTIONS:

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- Enter any corrections or any new/additional information in the blank boxes provided.

**THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.**

Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form.

#### OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			Make corrections in this box

#### OTHER NAMES

Enter any aliases, nick names or other names used in the following section.






ID:15996

**PHYSICAL ATTRIBUTES**

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
[REDACTED]	508	158	Brown	Blue	YES	Make corrections A— here

**SCARS/MARKS/TATTOOS**

Enter any other scars/marks/tattoos:


**PRIMARY ADDRESS**

Primary address is the address where you live most of the time.

1	NUMBER/STREET/APT			CITY	Make corrections A— here
	[REDACTED]			[REDACTED]	
	STATE	ZIP	COUNTY	COUNTRY	Make corrections A— here
	[REDACTED]			[REDACTED]	
Phone # at this address			Enter phone # correction here —>		
Name of College / University					

**SECONDARY ADDRESS**

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section

1	NUMBER/STREET/APT			CITY
	[REDACTED]			[REDACTED]
	STATE	ZIP	COUNTY	COUNTRY
	[REDACTED]			[REDACTED]
Enter phone # here —>				
If the above address is on the campus of a College or University, enter its name				
2	NUMBER/STREET/APT			CITY
	[REDACTED]			[REDACTED]
	STATE	ZIP	COUNTY	COUNTRY
	[REDACTED]			[REDACTED]
Enter phone # here —>				
If the above address is on the campus of a College or University, enter its name				

**PO BOX ADDRESS**

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following section.

1	PO BOX			CITY
	[REDACTED]			[REDACTED]
	STATE	ZIP	COUNTY	COUNTRY
[REDACTED]			[REDACTED]	

**EMPLOYMENT INFORMATION**

EMPLOYER'S NAME	NUMBER/STREET/APT
[REDACTED]	[REDACTED]





ID:13996

1000000962382

1	SELF					Make corrections ← Here
	CITY	STATE	ZIP	COUNTY	COUNTRY	Make corrections ← Here
Name of College / University						

Enter any additional employment information in the following section

1	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
If the above address is on the campus of a College or University, enter its name					
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	CITY	STATE	ZIP	COUNTY	COUNTRY
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	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date		To Date		Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	
2	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date		To Date		Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	

**VEHICLE INFORMATION**

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2001	Subaru	Impreza	Aluminum/Silver		NY	Make corrections ← Here

Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE





ID:13996

## DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE NUMBER	ISSUING STATE	
[REDACTED]	CT	Make corrections here
		← Here

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

## INTERNET INFORMATION

## SERVICE PROVIDER

SERVICE PROVIDER	
AT&T	Make corrections here
Verizon	Verizon ← Here

## SCREEN NAME

SCREEN NAME	
FREEJESSE	Make corrections here
	← Here

## E-MAIL ADDRESS

E-MAIL ADDRESS		
JESSE@FREEJESSE.NET		← Make corrections here
SLINDANCEFEAR1@GMAIL.COM		← Make corrections here

Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

RECEIVED  
JAN 28 2 48 PM '21  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA





ID: 13996

1000000962382

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Sex Offender's Signature

Jesse Friedman

Sex Offender's  
Name(print)

11/29/15

Date

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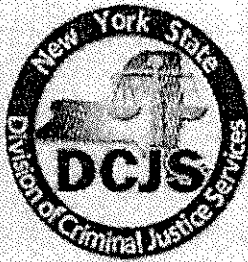
Return to:

Division of Criminal Justice Services - SOR  
80 South Swan St  
Albany, NY 12210





ID:13996



## New York State Division of Criminal Justice Services

Michael C. Green  
Executive Deputy Commissioner

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RECEIVED  
JAN 28 2021  
NEW YORK STATE  
OFFICE OF CRIMINAL JUSTICE SERVICES





ID: 17936

1000001112146



# Sex Offender Registry

To: JESSE FRIEDMAN

November 25, 2016  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

## Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

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Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form.

### OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			Make corrections in this box

### OTHER NAMES

Enter any aliases, nick names or other names used in the following section.






ID:13996

**PHYSICAL ATTRIBUTES**

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
[REDACTED]	506	156	Brown	Blue	YES	Make corrections ← none

**SCARS/MARKS/TATTOOS**

Enter any other scars/marks/tattoos


**PRIMARY ADDRESS**

Primary address is the address where you live most of the time.

1	NUMBER/STREET/APT			CITY	
	[REDACTED]			[REDACTED]	
	STATE	ZIP	COUNTY	COUNTRY	
	[REDACTED]			[REDACTED]	Make corrections ← none
	Phone # at this address [REDACTED]			Enter phone # correction here →	
Name of College / University:					

**SECONDARY ADDRESS**

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section

1	NUMBER/STREET/APT			CITY	
	STATE	ZIP	COUNTY	COUNTRY	
	Enter phone # here →				
If the above address is on the campus of a College or University enter its name					
2	NUMBER/STREET/APT			CITY	
	STATE	ZIP	COUNTY	COUNTRY	
	Enter phone # here →				
If the above address is on the campus of a College or University enter its name					

**PO BOX ADDRESS**

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX information in the following section

1	PO BOX			CITY	
	STATE	ZIP	COUNTY	COUNTRY	

**EMPLOYMENT INFORMATION**

EMPLOYER'S NAME	NUMBER/STREET/APT
SELF	[REDACTED]





ID: 13996

1000001112146

1	CITY				STATE	ZIP	COUNTY	COUNTRY	Make corrections Date
	Name of College/University								Make corrections Date

Enter any additional employment information in the following section.

1	EMPLOYER'S NAME				NUMBER/STREET/APT			
	CITY	STATE	ZIP	COUNTY	COUNTRY			
If the above address is on the campus of a College or University, enter its name								
2	EMPLOYER'S NAME				NUMBER/STREET/APT			
	CITY	STATE	ZIP	COUNTY	COUNTRY			
If the above address is on the campus of a College or University, enter its name								

**HIGHER EDUCATION INFORMATION**

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section.

1	SCHOOL NAME				NUMBER/STREET/APT			
	CITY	STATE	ZIP	COUNTY	COUNTRY			
Dates of Attendance, Employment or Enrollment From Date				To Date				<input type="checkbox"/> Graduated <input type="checkbox"/> Employed <input type="checkbox"/> Attending
2	SCHOOL NAME				NUMBER/STREET/APT			
	CITY	STATE	ZIP	COUNTY	COUNTRY			
Dates of Attendance, Employment or Enrollment From Date				To Date				<input type="checkbox"/> Graduated <input type="checkbox"/> Employed <input type="checkbox"/> Attending

**VEHICLE INFORMATION**

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2007	Subaru	Impreza	Aluminum/Silver		NY	Make corrections
						Date

Enter any additional vehicle information in the following section.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE





ID: 11296

## DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE NUMBER	ISSUING STATE	
[REDACTED]	CT	Make corrections
		or None

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

## INTERNET INFORMATION

## SERVICE PROVIDER

SERVICE PROVIDER	
AT&T	Make corrections
Frontier Communication	or None

## SCREEN NAME

SCREEN NAME	
FREEJESSE	Make corrections
	or None

## E-MAIL ADDRESS

E-MAIL ADDRESS	
JESSE@FREEJESSE.NET	Make corrections
SLINDANCEFEAR1@GMAIL.COM	or None

Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

RECEIVED  
JAN 28 2021  
FBI - NEW YORK  
COMMUNICATIONS SECTION





ID:13996

1000001112146

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

Sex Offender's Signature

*Jerse Friedman*  
Sex Offender's  
Name(print)

*11/29/16*  
Date

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Return to:

Division of Criminal Justice Services - SOR  
80 South Swan St  
Albany, NY 12210





ID 13996



**Sex Offender  
Registry**

## New York State Division of Criminal Justice Services

Michael C. Green  
Executive Deputy Commissioner

### Notice of Important Document

ENGLISH	This is a time-sensitive legal document. Failure to respond could result in criminal charges. If you need free translation, please call 518-417-3384. Thank you.
Español Spanish	Este documento legal tiene fecha de vencimiento. La falta de respuesta puede resultar en una querrela penal. Si necesita una traducción gratuita, llame al 518-417-3384. Muchas gracias.
简体字 Simplified Chinese	这是一份要求限期回复的法律文件。不予回复可能导致被刑事指控。如果您需要免费的翻译件，请致电 518-417-3384。谢谢。
Kreyòl Ayisyen Haitian Creole	Sa a se yon dokiman legal ki gen delè pou w respekte. Si w pa reponn sa ka lakoz akizasyon kriminel. Si w bezwen tradiksyon gratis, tanpri rele nan 518-417-3384. Mèsi.
Italiano Italian	Il presente è un documento legale urgente. La mancata risposta può dar luogo a un procedimento penale. Per una traduzione gratuita, chiami il numero 518-417-3384. Grazie.
한국어 Korean	이것은 시간을 다투는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-417-3384 번으로 전화하십시오. 감사합니다.
Русский Russian	Это юридический документ, требующий безоплатного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-417-3384. Спасибо.





ID:13996



## Sex Offender Registry

To: JESSE FRIEDMAN

November 24, 2017  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

### Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your Internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

#### INSTRUCTIONS:

- Review each line of information on this form carefully.
- If you find any information that is incorrect or outdated, cross out incorrect or outdated information with a single line.
- Enter any corrections or any new/additional information in the blank boxes provided.

**THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.**

Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form.

#### OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			Make corrections ← here

#### OTHER NAMES

Enter any aliases, nick names or other names used in the following section.






ID 13996

**PHYSICAL ATTRIBUTES**

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
[REDACTED]	508	158	Brown	Blue	YES	Make corrections --- here

**SCARS/MARKS/TATTOOS**

Enter any other scars/marks/tattoos.


**PRIMARY ADDRESS**

Primary address is the address where you live most of the time.

NUMBER/STREET/APT		CITY		
[REDACTED]		[REDACTED]		Make corrections --- here
STATE	ZIP	COUNTY	COUNTRY	
[REDACTED]	[REDACTED]	[REDACTED]	US	Make corrections --- here
Phone # at this address		Enter school # correction here		
Name of College/University:				

**SECONDARY ADDRESS**

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section

NUMBER/STREET/APT		CITY	
[REDACTED]		[REDACTED]	
STATE	ZIP	COUNTY	COUNTRY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Enter phone # here			
If the above address is on the campus of a College or University, enter its name			
NUMBER/STREET/APT		CITY	
[REDACTED]		[REDACTED]	
STATE	ZIP	COUNTY	COUNTRY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Enter phone # here			
If the above address is on the campus of a College or University, enter its name			

**PO BOX ADDRESS**

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX information in the following section

PO BOX		CITY	
[REDACTED]		[REDACTED]	
STATE	ZIP	COUNTY	COUNTRY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**EMPLOYMENT INFORMATION**

EMPLOYER'S NAME	NUMBER/STREET/APT
SELF	[REDACTED]





ID: 13996

100001264115

1	[Redacted Address]	Make corrections ← #0/0
		Make corrections ← #0/0
Name of College / University:		

Enter any additional employment information in the following section

1	EMPLOYER'S NAME			NUMBER/STREET/APT	
	[Redacted]			[Redacted]	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	[Redacted]				
If the above address is on the campus of a College or University, enter its name					
2	EMPLOYER'S NAME			NUMBER/STREET/APT	
	[Redacted]			[Redacted]	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	[Redacted]				
If the above address is on the campus of a College or University, enter its name					

**HIGHER EDUCATION INFORMATION**

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

1	SCHOOL NAME			NUMBER/STREET/APT	
	[Redacted]			[Redacted]	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	[Redacted]				
Dates of Attendance, Employment or Enrollment From Date			To Date	Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	
2	SCHOOL NAME			NUMBER/STREET/APT	
	[Redacted]			[Redacted]	
	CITY	STATE	ZIP	COUNTY	COUNTRY
	[Redacted]				
Dates of Attendance, Employment or Enrollment From Date			To Date	Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	

**VEHICLE INFORMATION**

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2007	Subaru	Impreza	Aluminum/Silver	[Redacted]	NY	Make corrections ← #0/0

Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE





ID: 13996

**DRIVER'S LICENSE INFORMATION**

DRIVER'S LICENSE NUMBER	ISSUING STATE	
[REDACTED]	CT	Make corrections
		or here

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

**INTERNET INFORMATION****SERVICE PROVIDER**

SERVICE PROVIDER	
FRONTIER COMMUNICATION	Make corrections
	or here

**SCREEN NAME**

SCREEN NAME	
FREEJESSE	Make corrections
	or here

**E-MAIL ADDRESS**

E-MAIL ADDRESS		
JESSE@FREEJESSE.NET		or Make corrections here
SUNDANCEFEAR1@GMAIL.COM		or Make corrections here

Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

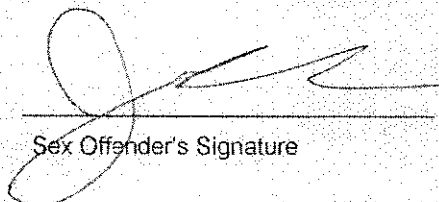

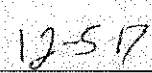
1018/01/15/2021 10:12:00  
 NEW YORK STATE  
 2017 DEC -8 PM 12:00  
 RECEIVED





ID:13996

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

		
Sex Offender's Signature	Sex Offender's Name(print)	Date

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Return to:  
Division of Criminal Justice Services - SOR  
80 South Swan St  
Albany, NY 12210





ID:13996



**Sex Offender  
Registry**

## New York State Division of Criminal Justice Services

Michael C. Green  
Executive Deputy Commissioner

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한국어 Korean	이것은 시간을 다투는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-417-3384 번으로 전화하십시오. 감사합니다.
Русский Russian	Это юридический документ, требующий безотлагательного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-417-3384. Спасибо.

NEW YORK STATE  
SEX OFFENDER REGISTRY  
2017 DEC -8 PM 12:00  
RECEIVED





ID:13996



## Sex Offender Registry

To: JESSE FRIEDMAN

November 25, 2019  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

### Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

#### INSTRUCTIONS:

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Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form.

#### OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			make corrections ← here

#### OTHER NAMES

Enter any aliases, nick names or other names used in the following section.






ID-13996

1000001572647

**PHYSICAL ATTRIBUTES**

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
[REDACTED]	508	153	Brown	Blue	YES	Make corrections ← here

**SCARS/MARKS/TATTOOS**

Enter any other scars/marks/tattoos.


**PRIMARY ADDRESS**

Primary address is the address where you live most of the time.

1	NUMBER/STREET/APT			CITY	Make corrections ← here
	[REDACTED]			[REDACTED]	
	STATE	ZIP	COUNTY	COUNTRY	Make corrections ← here
	[REDACTED]			[REDACTED]	
Phone # at this address:				Enter phone # correction here →	
Name of College / University:					

**SECONDARY ADDRESS**

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section

1	NUMBER/STREET/APT			CITY
	[REDACTED]			[REDACTED]
	STATE	ZIP	COUNTY	COUNTRY
	[REDACTED]			[REDACTED]
Enter phone # here →				
If the above address is on the campus of a College or University enter its name				
2	NUMBER/STREET/APT			CITY
	[REDACTED]			[REDACTED]
	STATE	ZIP	COUNTY	COUNTRY
	[REDACTED]			[REDACTED]
Enter phone # here →				
If the above address is on the campus of a College or University enter its name				

**PO BOX ADDRESS**

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following section

1	PO BOX			CITY
	[REDACTED]			[REDACTED]
	STATE	ZIP	COUNTY	COUNTRY
[REDACTED]				

**EMPLOYMENT INFORMATION**

EMPLOYER'S NAME	NUMBER/STREET/APT
Self	[REDACTED]





ID:13996

1060001572647

1	CITY			STATE	ZIP	COUNTY	COUNTRY	Make corrections ← here
	Name of College / University							Make corrections ← here

Enter any additional employment information in the following section

1	EMPLOYER'S NAME			NUMBER/STREET/APT		
	CITY	STATE	ZIP	COUNTY	COUNTRY	
If the above address is on the campus of a College or University enter its name						
2	EMPLOYER'S NAME			NUMBER/STREET/APT		
	CITY	STATE	ZIP	COUNTY	COUNTRY	
If the above address is on the campus of a College or University enter its name						

**HIGHER EDUCATION INFORMATION**

Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

1	SCHOOL NAME			NUMBER/STREET/APT		
	CITY	STATE	ZIP	COUNTY	COUNTRY	
Dates of Attendance, Employment or Enrollment From Date			To Date		Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	
2	SCHOOL NAME			NUMBER/STREET/APT		
	CITY	STATE	ZIP	COUNTY	COUNTRY	
Dates of Attendance, Employment or Enrollment From Date			To Date		Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	

**VEHICLE INFORMATION**

Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2007	Subaru	Impreza	Aluminum/Silver		NY	Make corrections ← here
2017	Subaru	Impreza	Blue		CT	← here

Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE





## DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE NUMBER	ISSUING STATE	
[REDACTED]	CT	Make corrections here
		Make corrections here

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

## INTERNET INFORMATION

## SERVICE PROVIDER

SERVICE PROVIDER	
FRONTIER COMMUNICATION	Make corrections here
optimum online	Make corrections here

## SCREEN NAME

SCREEN NAME	
FREEJESSE	Make corrections here
	Make corrections here

## E-MAIL ADDRESS

E-MAIL ADDRESS	
JESSE@FREEJESSE.NET	Make corrections here
SUNDANCEEART@GMAIL.COM	Make corrections here

Enter any additional internet information in the following section

SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS

NEW YORK STATE  
SEX OFFENDER REGISTRY

2019 DEC -3 PM 12:06

RECEIVED

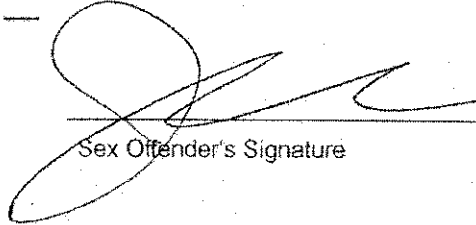




ID:13996

1000001572647

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

  
Sex Offender's Signature

Jesse Friedman  
Sex Offender's  
Name(print)

11/29/2019  
Date

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Return to:

Division of Criminal Justice Services - SOR  
80 South Swan St  
Albany, NY 12210





Governor Andrew M. Cuomo

## New York State Notice of Important Document

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Kreyòl Ayisyen Haitian Creole	Sa a se yon dokiman legal ki gen delè pou w respekte. Si w pa reponn sa ka lakoz akizasyon kriminel. Si w bezwen tradiksyon gratis, tanpri rele nan 518-457-3167. Mèsi.
বাংলা Bengali	এটি সময় সংবেদনশীল আইনি নথি। এর উত্তর না দিলে ফৌজদারি অভিযোগ করা হতে পারে। আপনার বিনামূল্যের উত্তর পেতে অনুগ্রহ করে 518-457-3167 নম্বরে ফোন করুন। ধন্যবাদ।
한국어 Korean	이것은 시간을 다투는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-457-3167 번으로 전화 하십시오. 감사합니다.
Русский Russian	Это юридический документ, требующий безотлагательного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-457-3167. Спасибо.

RECEIVED  
2019 DEC -3 PM 12:06  
NEW YORK STATE  
SEX OFFENDER REGISTRY





ID:13996



To: JESSE FRIEDMAN

November 25, 2020  
Offender ID: 13996

From: Sex Offender Registry Unit, NYS Division of Criminal Justice Services

RE: Annual Address Verification

### Sex Offender Registry Annual Address Verification Form

The Sex Offender Registration Act (SORA) requires you to review, update, and sign this Annual Address Verification Form and mail this form back to the Division of Criminal Justice Services within 10 days from receipt of this form. You must do this whether or not you have reported updated information to parole, probation or a law enforcement agency. If you attend, are enrolled at, reside at, or are employed at any institution of higher education, you must provide that information on this form. You must also report your internet service provider(s), all screen names, all e-mail addresses and all other information listed on the form. If you are a level 2 or 3 sex offender, you must report the name and address of all employers.

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Please contact the Sex Offender Registry at 518-417-3384 with any questions about this form.

#### OFFENDER INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SSN	
FRIEDMAN	JESSE			Make corrections ← here

#### OTHER NAMES

Enter any aliases, nick names or other names used in the following section.






PHYSICAL ATTRIBUTES

BIRTHDATE	HEIGHT	WEIGHT	HAIR	EYES	GLASSES	
	508	153	Brown	Blue	YES	Make corrections ← here

SCARS/MARKS/TATTOOS

Enter any other scars/marks/tattoos.


PRIMARY ADDRESS

Primary address is the address where you live most of the time.

1	NUMBER/STREET/APT			CITY	Make corrections ← here
	STATE	ZIP	COUNTY	COUNTRY	Make corrections ← here
	Phone # at this address:			Enter phone # correction here ---->	
Name of College / University:					

SECONDARY ADDRESS

Secondary Address is the address where you live some of the time.

Enter any additional Secondary Address in the following section

1	NUMBER/STREET/APT			CITY
	STATE	ZIP	COUNTY	COUNTRY
	Enter phone # here ---->			
If the above address is on the campus of a College or University, enter its name				
2	NUMBER/STREET/APT			CITY
	STATE	ZIP	COUNTY	COUNTRY
	Enter phone # here ---->			
If the above address is on the campus of a College or University, enter its name				

PO BOX ADDRESS

PO Box Address is allowed if mail cannot be delivered to the primary address. PO Box Address must be approved by the Post Master and Law Enforcement.

Enter any PO BOX Information in the following section

1	PO BOX			CITY
	STATE	ZIP	COUNTY	COUNTRY

EMPLOYMENT INFORMATION

EMPLOYER'S NAME	NUMBER/STREET/APT
Self	



1					Make corrections ← here	
	CITY	STATE	ZIP	COUNTY	COUNTRY	Make corrections ← here
Name of College / University:						

Enter any additional employment information in the following section

1	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
If the above address is on the campus of a College or University, enter its name					
2	EMPLOYER'S NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
If the above address is on the campus of a College or University, enter its name					

HIGHER EDUCATION INFORMATION  
Higher education includes any 2 or 4 year colleges or any trade or vocational schools.

Enter any additional education information in the following section

1	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date			To Date	Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	
2	SCHOOL NAME			NUMBER/STREET/APT	
	CITY	STATE	ZIP	COUNTY	COUNTRY
Dates of Attendance, Employment or Enrollment From Date			To Date	Check one <input type="checkbox"/> Enrolled <input type="checkbox"/> Employed <input type="checkbox"/> Attending	

VEHICLE INFORMATION  
Information of any vehicle that you own or drive.

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE	
2007	Subaru	Impreza	Aluminum/Silver		NY	Make corrections ← here <i>Sold</i>
2017	Subaru	Impreza	Blue		NY	Make corrections ← here





ID:13996

Enter any additional vehicle information in the following section

YEAR	MAKE	MODEL	COLOR	LIC PLATE	STATE

DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE NUMBER	ISSUING STATE	
	CT	Make corrections
		<-- here

Enter any additional driver's license information in the following section

DRIVER'S LICENSE NUMBER	ISSUING STATE

INTERNET INFORMATION

SERVICE PROVIDER

SERVICE PROVIDER	
OPTIMUM ONLINE	Make corrections
	<-- here

SCREEN NAME

SCREEN NAME	
FREEJESSE	Make corrections
	<-- here

E-MAIL ADDRESS

E-MAIL ADDRESS		
JESSE@FREEJESSE.NET		<-- Make corrections here
SUNDANCEFEAR1@GMAIL.COM		<-- Make corrections here

Enter any additional internet information in the following section

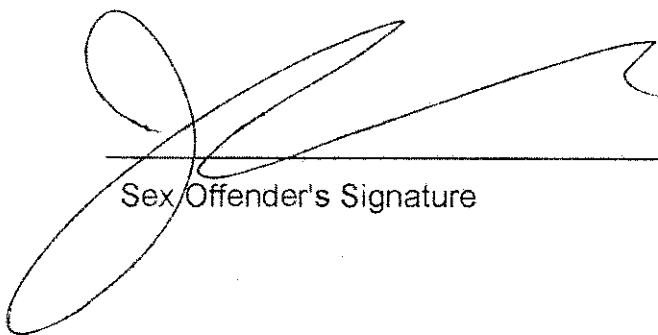
SERVICE PROVIDER	SCREEN NAME	E-MAIL ADDRESS





\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION ON THIS FORM IS COMPLETE AND ACCURATE. I HAVE CROSSED OUT ALL INFORMATION THAT IS INCORRECT OR OUTDATED. I HAVE ADDED ALL CORRECTIONS AND ALL NEW INFORMATION. I UNDERSTAND THAT FAILING TO PROVIDE THIS INFORMATION OR PROVIDING FALSE INFORMATION IS A FELONY.

  
\_\_\_\_\_  
Sex Offender's Signature

Jesse Friedman  
\_\_\_\_\_  
Sex Offender's  
Name(print)

11/29/2020  
\_\_\_\_\_  
Date

THIS FORM MUST BE SIGNED AND ALL PAGES RETURNED EVEN IF NONE OF THE INFORMATION HAS CHANGED. FAILURE TO RETURN ALL PAGES OF THIS FORM WITHIN 10 DAYS OF RECEIPT IS A FELONY AND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

Return to:  
Division of Criminal Justice Services - SOR  
80 South Swan St  
Albany, NY 12210





Governor Andrew M. Cuomo

New York State  
Notice of Important Document

ENGLISH	This is a time-sensitive legal document. Failure to respond could result in criminal charges. If you need free translation, please call 518-457-3167. Thank you.
Español Spanish	Este documento legal tiene fecha de vencimiento. La falta de respuesta puede resultar en una querrela penal. Si necesita una traducción gratuita, llame al 518-457-3167. Muchas gracias.
简体字 Simplified Chinese	这是一份要求限期回复的法律文件。不予回复可能导致被刑事指控。如果您需要免费的翻译件，请致电 518-457-3167。谢谢。
Kreyòl Ayisyen Haitian Creole	Sa a se yon dokiman legal ki gen datè pou w respèkte. Si w pa reponn sa ka lakoz akizasyon kriminel. Si w bezwen tradiksyon gratis, tanpri rele nan 518-457-3167. Mèsi.
বাংলা Bengali	এটি সময় সংবেদনশীল আইনি নথি। এর উত্তর না দিলে ফৌজদারি অভিযোগ করা হতে পারে। আপনার বিনামূল্যের উত্তর পেতে অনুগ্রহ করে 518-457-3167 নম্বরে ফোন করুন। ধন্যবাদ।
한국어 Korean	이것은 시간을 다투는 법적인 문건입니다. 응답하지 않는 경우 형사고발을 당할 수 있습니다. 무료 번역이 필요하시면, 518-457-3167 번으로 전화 하십시오. 감사합니다.
Русский Russian	Это юридический документ, требующий безотлагательного внимания. Несвоевременный ответ может привести к предъявлению уголовного обвинения. Если вам нужны бесплатные услуги перевода, позвоните по номеру 518-457-3167. Спасибо.

518-457-3167